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For action

Recommendation for funding for a short-duration country programme**

Botswana

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Botswana with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $2,073,000 from general resources, subject to the availability of funds, and $1,782,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 2000 to 2002.

* E/ICEF/1999/15.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

99-18374 (E) 200799

Basic data

(1997 unless otherwise stated)

Child population (millions, under 18 years)	0.8
U5MR (per 1,000 live births)	49
IMR (per 1,000 live births)	39
Underweight (% moderate and severe) (1996)	17
Maternal mortality rate (per 100,000 live births) (1991)	300
Literacy (% male/female) (1995)	70/75
Primary school enrolment (% net, male/female) (1996)	82/86
Primary school children reaching grade 5 (%) (1994)	89
Access to safe water (%) (1990)	90
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	3 260
One-year-olds fully immunized against:	
tuberculosis	59 per cent
diphtheria/pertussis/tetanus	76 per cent
measles	79 per cent
poliomyelitis	80 per cent
Pregnant women immunized against tetanus	49 per cent

The situation of children and women

1. The update of the situation analysis, with time-series data from the 1997 *Botswana Human Development Report*, supplemented by the 1996 Botswana Family Health Survey, suggested that national child survival indicators and life expectancy at birth were virtually frozen at their 1991 levels. There was no evidence of the positive trends witnessed in the 1971/81 and 1981/91 inter-censal periods despite progressively greater access to health services.

2. The current HIV/AIDS epidemic is considered to be the main contributing factor to the observed stasis, as Botswana has one of the fastest-growing infection rates and one of the highest HIV prevalence rates in the world. The National AIDS Control Programme estimates that 29 per cent of the sexually active population (15-49 years old) and 17 per cent of the general population were HIV-positive in 1997; and, in the same year, 39 and 43 per cent of pregnant women attending sentinel antenatal clinics in Gaborone and Francistown, respectively, were HIV-positive — 29 per cent between 15 and 19 years of age. The 1997 Case Notification Report revealed that youth 15-29 years old represented 37 per cent of reported symptomatic cases, the majority of whom were women. It is estimated that almost 54,000 children under four years old were HIV-positive in 1997, more than 39,000 of whom had AIDS. It is projected that there will be 65,000-70,000 children orphaned as a result of AIDS by the year 2000, and that by 2010, 35-40 per cent of all children under 15 years old will have lost one or both parents — 85-95 per cent of them due to AIDS.

Programme cooperation, 1995–1999

3. Revised extensively at an early mid-term review in November 1996 aimed at addressing new priorities, a decline in general resources and bilateral aid programmes, the 1995–1999 programme of cooperation was based on Botswana's National Programme of Action (NPA) for Children: 1993–2003, which embraces the Convention on the Rights of the Child. Its main thrust was to provide innovative, cost-effective solutions to existing and newly emerged problems on the understanding that, if proven successful according to mutually agreed criteria, they would be translated into national policy and programmes using available local resources.

4. UNICEF supported the initiation of Botswana's first programme for the prevention of mother-to-child transmission of HIV (MTCT/HIV), with two pilot centres in Gaborone and Francistown, which will be taken to

national scale during the new bridging programme. This initiative was a follow-up to the development of safe motherhood manuals for clinics and health posts, with special emphasis on essential obstetric care. UNICEF also initiated the first collaborative United Nations programme in "adolescent-friendly" sexual and reproductive health (ARH) when it held the rotating chair of the Joint United Nations Theme Group on HIV/AIDS. This laid the groundwork for two different delivery models at the Gaborone Youth Clinic and at the Diphalana Community Day Care Centre. A new undertaking in sanitation and hygiene produced an affordable latrine model, which could be built with local resources, and introduced community-based hygiene promotion. The managerial capacities of district health teams (DHTs) were strengthened to improve the quality of essential health services through the introduction of a training methodology based on problems identified and analysed by the DHTs themselves.

5. Through its advocacy efforts and heightened profile, the basic education programme contributed to new approaches for the children of remote area dwellers (RADs) and pregnant students, the two groups which account for most of the 17 per cent of non-enrolled children and female drop-outs, respectively. UNICEF initiated an early childhood development programme for RAD communities. In addition, with architectural designs provided through its private sector initiative project, *Molaletsa*, UNICEF helped to mobilize almost $4.5 million from the Government for the construction and equipping of 50 new RAD hostels at primary boarding schools. In order to enable pregnant students to continue their basic education and, at the same time, meet commercial demand, a model community day-care centre was constructed in Mahalapye. The facility will accommodate the children of students and faculty of Pekenene Junior Secondary School and also serve as a living classroom to teach parenting skills, an after-hours learning centre and an adolescent-friendly sexual and reproductive clinic operated by the district health authorities. This project has already led to the reform of the regulation which obliged pregnant students to drop out and then reapply for admission to a different school 12 months after the birth of their babies.

6. UNICEF helped to establish the framework for Botswana's first National Orphans Programme; contributed to the review of existing legislation, which will lead to the formulation of a comprehensive National Orphans Policy derived from the Convention on the Rights of the Child; and assisted the Government to prepare its submission on compliance with the Convention to the United Nations Committee on the Rights of the Child. In order to offer the Government a range of cost-effective programme options, two pilot orphan care projects were initiated: one in Bobirwa, based on the Government contracting out essential services to a community-based organization; and the other in Mogoditshane, based on a low-cost, community-based variant of the group home concept.

7. The community-based "triple A" (assessment/analysis/action) approach, initially introduced by UNICEF to address nutrition-related issues, was made the cornerstone of the Government's Community-Based Strategy for Rural Development in 1997. Its institutionalization has been strengthened by the production of a user's manual, and district extension teams have been trained in its application. To date, it has been especially effective in bringing teachers and parents into closer collaboration around children's education.

8. One of the most noteworthy accomplishments of the 1995–1999 programme was the *Molaletsa* project. Begun as an effort to enlist a new, permanent societal force in support of the NPA, *Molaletsa* is predicated on the principle of corporate social responsibility, viewing the business community as the repository of unique capacities and skills which could be mobilized in support of Botswana's NPA rather than as merely a source of corporate philanthropy. To date, official corporate NPA partnerships have been established with over 120 local companies, the monetized value of whose in-kind contributions amounts to almost $500,000, leveraging a further $11.4 million largely from the Government.

9. Collaboration within the United Nations system has been extensive: with the World Health Organization (WHO) in MTCT/HIV, immunization and the Integrated Management of Childhood Illnesses (IMCI); with WHO and the United Nations Population Fund (UNFPA) in safe motherhood and, with the addition of the United Nations Educational, Scientific and Cultural Organization (UNESCO), in the development of a life skills curriculum, with a stronger focus on sexual and reproductive health and AIDS prevention; with all the resident agencies and, in particular, with the United Nations Development Programme (UNDP), in strengthening institutional capacity to report on compliance with international Conventions and in support of the National Poverty Study; and, in the first such coordinated undertaking, with WHO, UNFPA and UNDP in ARH services.

10. Despite the termination of virtually all bilateral aid programmes in Botswana, UNICEF continued to benefit from financial support from the Swedish International Development Authority (orphans, sanitation and hygiene), the Governments of Norway and New Zealand (basic

education for RADs and pregnant students), and the Netherlands Development Organization (orphan/home-based care). UNICEF also counted over 120 local companies and over 35 local non-governmental organizations (NGOs) and community-based organizations as partners, as well as the Gaborone and Tirelo Rotary Clubs. External partners included Statistics Norway in health management information systems, and the United States Centers for Disease Control and Prevention and the Harvard AIDS Institute in MTCT/HIV.

Lessons learned

11. The main lesson learned from past programme cooperation is that the lead time required for project development and implementation has been significantly longer than originally anticipated given the complexity and sensitivity of the issues addressed and the need to build consensus among a wide range of divergent stakeholders. Other lessons have highlighted the need to: (a) develop participatory monitoring and evaluation tools for the triple A process, which should itself be linked to concrete interventions for which required resources are available; (b) concentrate direct UNICEF involvement in a smaller geographic area; (c) respond to the lack of institutional capacity in reporting to the international community on all of the Conventions to which Botswana is signatory with a more comprehensive United Nations system approach; (d) translate the Convention on the Rights of the Child into Setswana, relate its provisions to Tswana culture and enlist traditional leadership in its promotion; (e) involve central- and district-level planning officers in the process of intervention design at an earlier stage in order to meet expenditure targets; and (f) regularly review and update the capacity of partners to spend funds and execute planned activities.

12. Lessons learned have also included validation of the following: (a) the core operational strategy of "assess-analyse-pilot-demonstrate-mainstream"; (b) the use of the limited financial means of UNICEF as seed money to leverage additional resources; (c) the disaggregation of national indicators of children's well-being according to gender and geography in order to target disparities; and (d) exploiting corporate social responsibility to mobilize the unprecedented involvement of local business in child survival and development.

Recommended programme cooperation, 2000–2002

Estimated annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*2002*	*Total*
General resources				
Health	180	168	131	479
Basic education	122	113	113	348
Child protection	114	126	129	369
Social mobilization	122	122	122	366
Cross-sectoral costs	189	161	161	511
Subtotal	**727**	**690**	**656**	**2 073**
Supplementary funding				
Health	324	214	187	725
Basic education	143	133	98	374
Child protection	174	168	148	490
Social mobilization	70	65	58	193
Subtotal	**711**	**580**	**491**	**1 782**
Total	**1 438**	**1 270**	**1 147**	**3 855**

Programme preparation process

13. A decision was taken to prepare a three-year bridging programme primarily in response to the 1997–2003 Country Strategy Note, which commits all resident United Nations agencies to harmonize their programme cycles with each other and with Botswana's rolling five-year national development plans (NDPs) beginning in 2003 when NDP 8 terminates. Botswana's NPA, which addresses UNICEF short-term priorities and medium-term plan (E/ICEF/1998/13 and Corr.1), and which serves as the basis for the country programme of cooperation, covers the period 1993–2003. Following the updating of the 1993 situation analysis, a country programme strategy paper was formulated and discussed with the Government, 10 key NGO partners and selected private sector representatives during the annual review meetings in November 1998. The sectoral objectives and strategies for the 2000–2002 programme of cooperation were endorsed in writing by each relevant line ministry.

Programme goals, objectives and strategies

14. The overall goal of the new programme of cooperation is to contribute to the realization of Botswana's NPA for Children, which includes the principles of the Convention on the Rights of the Child, and to arrest the spread and mitigate the impact of HIV/AIDS as a precondition for the achievement of the NPA. The programme objectives in support of these goals are to: (a) reduce the HIV infection rates in children and adolescents by at least 30 per cent; (b) strengthen institutional and community capacity to respond to common childhood illnesses and HIV/AIDS; (c) provide, as a universal right, uninterrupted, quality basic education which enables children, especially adolescents, to remain free of HIV infection; (d) ensure that the Convention finds full realization among children and youth at special risk due to HIV/AIDS; and (e) contribute to instilling the principles of the Convention throughout Botswana society and the mobilization of all sectors in its observance.

15. The main strategy is to establish dedicated HIV/AIDS projects addressing issues consistent with the UNICEF mandate and its comparative advantage and regional short-term priorities, and to ensure that all sectoral projects address HIV/AIDS in their respective domains. Three principal operational strategies will be used to achieve the programme objectives: (a) "assess-analyse-pilot-demonstrate- mainstream", to provide the Government with cost-effective innovative solutions to inform national policy and programmes; (b) social mobilization, to broker multi-partite "smart partnerships" for children, promote the Convention on the Rights of the Child and leverage additional resources; and (c) the use of appropriate training methodology and management information systems, to enhance the ability of local institutions to execute and monitor their functions more effectively and the triple A approach to strengthen the capacity of communities and families to respond to critical issues such as the care of AIDS orphans.

Health

16. The sexual and reproductive health of women and adolescents, especially the transmission of HIV and other sexually transmitted infections, constitutes a major focus. Two pilot projects will be taken to national scale: MTCT/HIV, as part of a safe motherhood programme, including an information, education and communication component on the prevention of AIDS and the management of obstetric emergencies; and the two models of ARH service delivery within the planned network of multi-purpose youth and community day-care centres. UNICEF will also use its development of the IMCI family and community module as a vehicle to enhance the response to AIDS, i.e the prevention and management of opportunistic infections, as well as to common childhood illnesses at the household level. Critical to this effort will be continued attempts to expand the ability of DHTs to support related interventions at the facility level and to link clinical care with community-based prevention by strengthening their capacity in disease surveillance and health service management.

Basic education

17. The two projects comprising the basic education programme, approved as part of the previous revised country programme, will be carried over for completion, serving as vehicles for introducing into the primary and secondary school curricula a revised life skills curriculum, with a stronger focus on AIDS prevention based on the UNFPA/UNESCO and UNICEF/Zimbabwe models. Basic education for the children of RADs will commission 10 new primary boarding school hostels; inaugurate a national community-based, pre-school programme; and introduce a revised culture- and gender-sensitive curriculum informed by the Convention. The basic education for pregnant students project will design and implement extension courses

for students on maternity leave; expand the life skills curriculum with parenting skills and guidance on coping with AIDS in school and at home; provide a full range of well-baby care and ARH services at the Diphalana Community Day Care Centre, in conjunction with the United Nations ARH project; and assist in the formulation of an enabling policy to support scaling-up to the national level.

Child protection

18. The child protection programme will focus on two high AIDS-related risk groups — orphans and out-of-school youth. The care for orphans project will establish a district-based national orphans registry; create a national database of best orphan care practices; complete the implementation and evaluation of at least two models of community-based orphan care; and assist in the formulation of a National Orphan Policy, based on the Convention, as well as in the development of a National Orphans Programme integrated with home-based care for HIV/AIDS patients. Support for the national youth programme will be provided by developing a standard package of activity and service modules. To sustain its advocacy for children's rights, UNICEF will also undertake to instill the principles of the Convention within Tswana society by assisting in its integration within the laws of Botswana; advocating the promotion of the Convention by the House of Chiefs and Parliament; and, as part of a collaborative United Nations effort, helping to strengthen Botswana's institutional capacity to report on its compliance with international Conventions.

Social mobilization

19. The social mobilization programme will mainly support the three previously cited programmes, grouping triple A at the community level and *Molaletsa* together. Use of the triple A approach will be expanded to develop the capacity of selected communities in the two pilot districts of Bobirwa and Kweneng in order to: identify and deal effectively with obstetric emergencies; prevent and provide early treatment of childhood illnesses; improve sanitation and hygiene practices; undertake a collective response to orphan care and AIDS prevention; and participate actively in their children's education. Initiated in the previous country programme, *Molaletsa* will: expand the geographic representation of participating companies; maintain an overall ratio of monetized value achieved to input costs of 5:1; support projects initiated by business and identify entry points for private sector partnerships in the health and child protection programmes; refine and publish *The Molaletsa Method and Best Practices* as a complement to recorded international best practices; and enlist private sector financial support for the future management of *Molaletsa*.

Programme monitoring and evaluation

20. An integrated monitoring and evaluation plan has been developed and will be updated annually. Progress reports will be prepared quarterly to monitor implementation of project plans of action (PPAs) and identify constraints to and opportunities for achievement. Targeted surveys will be conducted between January and August 2000 to fill existing information gaps in reporting on progress towards the end-decade goals. Building on the cumulative experience in project implementation generated by the annual reviews, end-of-programme performance assessments will be carried out in 2002 in collaboration with the Government and other participating partners.

Collaboration with other partners

21. UNICEF will strengthen its collaboration with other resident United Nations agencies in AIDS-related programming under the umbrella of the AIDS Theme Group. It will also continue its work with UNDP as a member of the National Reference Group for the second phase of the National Poverty Study, and with UNDP and WHO as a member of the National Reference Group for the Socio-Economic Impact of HIV/AIDS in Botswana. UNICEF will join UNDP, WHO and UNFPA in formulating the first Common Country Assessment and United Nations Development Assistance Framework. UNICEF will continue its efforts to collaborate with the health and gender sectors of the Southern African Development Community in addressing the transnational aspects of HIV/AIDS affecting women and children.

22. UNICEF will consolidate and expand its existing partnerships with business and civil society organizations at national and community levels in an effort to enlist the assistance of the private sector and international NGOs in strengthening the management capacity and sustainability of local NGOs.

Programme management

23. The Ministry of Finance and Development Planning will be responsible for approving the country programme on behalf of the Government of Botswana. All programme and project plans will designate officials from both the Government and UNICEF as principal programme/project managers, alternate managers and approving officers in the annual PPAs. Sectoral concerns will be taken up with the relevant line ministries through periodic technical reviews between government programme managers, UNICEF project officers and the corporate partners of *Molaletsa*.

TABLE

COUNTRY : BOTSWANA
PROGRAME : 2000-2002

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	479,000			479,000	0	0	0	0	0	0	0	1	0	1	0	184,077	184,077
BASIC EDUCATION	348,000			348,000	0	0	0	0	0	0	0	1	0	1	0	153,792	153,792
CHILD PROTECTION	369,000			369,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SOCIAL MOBILIZATION	366,000			366,000	0	0	0	0	0	0	0	1	0	1	0	127,476	127,476
CROSS-SECTORAL COSTS	511,000			511,000	0	0	0	0	0	0	0	1	5	6	0	389,726	389,726
TOTAL GR	2,073,000			2,073,000	0	0	0	0	0	0	0	4	5	9	0	855,071	855,071
SUPPLEMENTARY FUNDING :																	
HEALTH		0	725,000	725,000	0	0	0	0	0	0	0	1	0	1	0	153,792	153,792
BASIC EDUCATION		0	374,000	374,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		0	490,000	490,000	0	0	0	0	0	0	0	1	0	1	0	153,792	153,792
SOCIAL MOBILIZATION		0	193,000	193,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	1,782,000	1,782,000	0	0	0	0	0	0	0	2	0	2	0	307,584	307,584
TOTAL GR & SF	2,073,000	0	1,782,000	3,855,000	0	0	0	0	0	0	0	6	5	11	0	1,162,655	1,162,655
SUPPORT BUDGET			Operating costs	562,400													
			Staffing		0	0	0	2	1	0	3	1	6	10	965,744	578,708	1,544,452
GRAND TOTAL (GR + SF + SB)					0	0	0	2	1	0	3	7	11	21	965,744	1,741,363	2,707,107
Number of posts and staff costs:																	
Current programme cycle											3	7	12	22			
At the end of proposed programme cycle (indicative only)											3	7	11	21	965,744	1,741,363	2,707,107

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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For action

Recommendation for funding for a short-duration country programme and for additional general resources to fund the approved country programme**

Burundi

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Burundi with a duration of one year to support activities that will lead to the preparation of a full-length country programme. It also contains a recommendation for additional general resources to fund the approved country programme for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period. The Executive Director *recommends* that the Executive Board approve:

(a) The amount of $2,266,000 from general resources, subject to the availability of funds, and $4,400,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the year 2000;

(b) Additional general resources in the amount of $102,724 to achieve the objectives of the country programme as originally approved by the Board.

* E/ICEF/1999/15.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

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Basic data

(1997 unless otherwise stated)

Child population (millions, under 18 years)	3.4
U5MR (per 1,000 live births)	176
IMR (per 1,000 live births)	106
Underweight (% moderate and severe) (1994)	37
Maternal mortality rate (per 100,000 live births) (1996)	800
Literacy (% male/female) (1990)	48/28
Primary school enrolment (% net, male/female) (1996/97)	32/27
Primary school children reaching grade 5 (%)	..
Access to safe water (%) (1992)	52
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US$)	180
One-year-olds fully immunized against:	
tuberculosis	70 per cent
diphtheria/pertussis/tetanus	60 per cent
measles	52 per cent
poliomyelitis	60 per cent
Pregnant women immunized against tetanus	27 per cent

The situation of children and women

1. It is estimated that 200,000 people have lost their lives since the most recent period of political violence began in 1993. Currently, over 500,000 persons are displaced internally and living in over 250 camps, and more than 280,000 have taken refuge in other countries. Burundian society has been unable to maintain a basic commitment to human rights in general or to children's and women's rights in particular. The central issue facing the future of Burundi is the creation and continuity of a peaceful social order. This will require the development of a culture of rights and a society dedicated to the right to survival for all.

2. The Government of Burundi has made a serious effort to negotiate with opposition groups, which has resulted in significant steps towards reconciliation and a broadening of participation in the political arena. Opportunities exist to work with the Government and Burundian society to address the structural problems that have plagued the country, to expand the culture of rights and to reinforce the ethical commitments of society to the protection of the rights of children and women.

3. Burundi's gross national product per capita, estimated at $160, ranks among the lowest in the world. Real gross domestic product has experienced a cumulative loss of about 20 per cent since 1993. In 1990, 35 per cent of rural and 32 per cent of urban populations lived in poverty. By 1997, poverty rates had nearly doubled.

4. Burundi's children have suffered disproportionately from the crisis. Currently, there are more than 20,500 children orphaned by war, and the number of AIDS orphans is expected to reach 90,000 by the year 2000. Burundi's child and infant mortality rates are among the world's highest. The major childhood diseases - malaria, upper respiratory infections and dysentery - often go untreated due to the destruction of approximately one third of the rural health centres, a lack of essential drugs, the absence of qualified personnel at the remaining health centres and an inability to pay for care, even if accessible.

5. Burundian women have some of the worst health indicators in Africa. Their life expectancy has fallen from 54 years in 1992 to 51 in 1997. In urban areas, at least 21 per cent of the women between 25 and 34 years old are infected with HIV, as are more than 3 per cent of the children under five years old.

6. Surveys conducted in 1998 in five provinces indicated that malnutrition rates (moderate and severe wasting) among children 6–59 months old varied between 13 and 23 per cent, with severe malnutrition ranging from 2 to 9 per cent. Pre-crisis (1987) levels were estimated at 5.6 per cent for moderate and severe wasting and 1 per cent for severe malnutrition for children aged 6–36 months.

7. Since 1993, 28 per cent of educational institutions have closed their doors. The quality of education has also been seriously affected by a deficit of over 3,000 teachers for primary and secondary grades and 2,500 teachers practising without formal teaching qualifications. Despite the Government's commitment to universal access to education, 110,000 children in 1997/98 were unable to attend school due to the lack of school materials.

Programme cooperation, 1998–1999

8. The 1998–1999 country programme aimed to fulfil children's rights through the provision of basic services. Through advocacy and training, the programme also sought to reinforce the capacity of civil society, communities and families to promote children's rights and extend protection to vulnerable groups. The achievements highlighted below represent those implemented during the first half of the current programme of cooperation.

9. The health and nutrition programme coordinated the activities of international humanitarian organizations active in the nutrition sector. Protocols for both supplementary and therapeutic feeding activities, as well as methodologies for nutrition surveys, were standardized. Data from nutritional surveys and nutritional feeding centres were analysed, published and used to improve the allocation of resources and target the most vulnerable beneficiaries. To support therapeutic feeding activities, the programme purchased and distributed therapeutic milk, multi-vitamin/mineral supplements and oral rehydration salts. Nutritional centres were supported through signed agreements with 13 international non-governmental organizations (NGOs). A Memorandum of Understanding signed with the World Food Programme paved the way for an allocation of 5,150 metric tons of food to NGO-operated supplementary feeding programmes. To support vaccination activities, the programme provided fuel to distribute vaccines and conduct mobile vaccination activities, kerosene and equipment for the cold chain, and over 4.5 million doses of vaccines. National Immunization Days (NIDs) against polio achieved a coverage rate of 91 per cent. Sufficient quantities of drugs were purchased and distributed to treat 257,000 cases of the most common diseases. UNICEF also coordinated activities for the promotion of breastfeeding and the training of traditional birth attendants (TBAs).

10. Through the education programme, UNICEF worked with the Government to increase the gross enrolment rate from 52 per cent (1997/98) to 60 per cent (1998/99). The programme financed the repair of 80 classrooms and the construction of 165 temporary schools. School materials were provided to 36,000 children from poor families to cover needs for three months for 1,500 public schools. In addition, 272 teachers from the non-formal education section and 30 education advisers from the formal education sector were trained on how to integrate peace education into their current activities.

11. The water and environmental sanitation programme provided potable water to 115,000 persons through the repair of wells, gravity-fed water distribution systems and spring protection. Water was also transported by truck to camps for displaced persons as well as to health and nutrition centres. To reinforce local capacity, the programme supported the training of local community repair technicians. Two national surveys to assess the degree of access to water and sanitation facilities at over 1,450 public schools and in 260 camps for internally displaced persons were designed and implemented.

12. The protection project initiated efforts to bring Burundian law into conformity with the Convention on the Rights of the Child, created five provincial-level committees charged with monitoring and promoting children's rights, and conducted a survey of children in prison. The children in distress project assisted over 35,000 children in especially difficult circumstances by providing emergency aid packages. Over 450 unaccompanied children were reunited with their biological parents or with foster parents, and a project that provided approximately 1,000 street children with shelter and access to medical care and education was supported. The AIDS project supported both national programmes and local initiatives to disseminate information on the modes of transmission and prevention of HIV/AIDS. It also provided technical assistance and funding to the National Programme for the Fight against AIDS.

Lessons learned

13. When the heightened commitment of provincial and local authorities was combined with effective community participation, schools and other facilities were rapidly constructed. Advocacy conducted at the middle to lower levels of Government has proven to be a very effective means to reach immediate programme objectives. This approach will be used to tackle other problems, most notably the need for a heavy investment of non-skilled labour for the construction of rural water systems, and to accelerate the transmission and use of appropriate messages during social mobilization campaigns on AIDS and other sexually transmitted diseases.

14. UNICEF leadership in the areas of nutrition and water and sanitation served as an effective platform for standardizing approaches and improving programme effectiveness. Parallel with these actions, a series of surveys in the nutrition, water and sanitation, and education sectors, which were conducted in close collaboration with the Government and the international NGO community, were instrumental in creating a detailed picture of the plight of children and women. These data were used effectively by all actors to plan interventions based on vulnerability and disparities between geographical areas and to advocate for additional resources. NGOs and local community organizations can be effective partners for service delivery and capacity-building. In insecure areas, international NGOs were the partners of choice given the shortage of local organizations with the capacity to work under insecure conditions.

15. NIDs provided more than just opportunities to vaccinate children against polio. They opened communication channels for reaching relatively isolated rural communities with other programme messages and provided a very visible platform from which the protection of children's rights could be aired.

Recommendation for additional general resources to fund the approved country programme, 1998–1999

16. The programme of cooperation between the Government of Burundi and UNICEF for the period 1998-1999 was approved by the Executive Board in 1997 in the amount of $2,640,000 from general resources (E/ICEF/1997/P/L.19). Due to the implementation of the modified system for allocation of general resources for programmes (E/ICEF/1997/12/Rev.1, decision 1997/18), the 1999 general resources level for Burundi was increased. Consequently, additional funds in the amount of $102,724 are proposed to be approved to cover the increase.

Annual funding requirements
(In United States dollars)

Current programme cycle	*Approved general resources funding*	*Additional funding proposed for 1999*
1998–1999	2 640 000	102 724

Recommended programme cooperation, 2000

Estimated annual expenditure
(In thousands of United States dollars)

	Total
General resources	
Basic education and children in need of special protection	694
Health and nutrition	352
Communication, AIDS and promotion of children's and women's rights	352
Water and environmental sanitation	282
Monitoring and evaluation	247
Cross-sectoral costs	339
Subtotal	**2 266**
Supplementary funding	
Basic education and children in need of special protection	1 395
Health and nutrition	1 415
Communication, AIDS and promotion of children's and women's rights	750
Water and environmental sanitation	685
Monitoring and evaluation	155
Subtotal	**4 400**
Total	**6 666**

Programme preparation process

17. The recommended one-year programme is the product of active discussions with the Government, NGOs and United Nations partner agencies. UNICEF programme priorities and strategies were finalized based on: (a) the preparation of a situation analysis of current and projected needs and possible strategies for effective intervention; (b) sectoral-level meetings with governmental, NGO and United Nations partners to ensure coordination of activities and to discuss UNICEF-prepared sectoral strategy papers and lessons learned from past programming; and (c) discussions with concerned ministries to finalize UNICEF objectives and programme strategies. The Government and UNICEF have agreed to implement a one-year programme. UNICEF will harmonize its programme cycle with those of the United Nations Development Programme and the United Nations Population Fund.

Objectives and strategies

18. Despite the violence which continues to characterize some parts of Burundi, the country is at a crossroads where opportunities exist to foster the creation of a society respectful of human rights. During this period, an emphasis on relief and community capacity-building will continue as part of a rights-based approach. This may reduce the risk of the country falling back into another cycle of violence and help to pave the way for a better future. In this context, the global objectives of the country programme are to: (a) help foster a rights-based perspective in the context of the "triple A" (assessment/analysis/action) process, which occurs at the level of local communities and national institutions; (b) strengthen the capacity of social services, which are intimately linked to the fulfilment of the rights of children and women; and (c) ensure the protection of the rights of children and women during emergencies.

19. The principal strategies for this one-year country programme are to: (a) work towards the fulfilment, promotion and protection of children's rights through communication and social mobilization activities at all levels, including formal and non-formal channels, with an emphasis on activities rooted in traditional Burundian culture; (b) improve service delivery to ensure the fulfilment of the right to education and good health; (c) reinforce local capacities to utilize the triple A approach to be able to conceptualize and manage problems; and (d) coordinate actions with other international humanitarian agencies, donors and other partners.

20. The provision of emergency life-sustaining services continues to be an integral part of the country programme. The programme maintains stocks of basic relief supplies in Bujumbura and pre-positioned in two outposted offices. Contingency plans are maintained, and programming strategies are revised to respond effectively to outbreaks of violence and population displacement.

Basic education and children in need of special protection

21. The objectives of this programme are to: (a) advance the acceptance of the right of children to education; (b) involve children, adolescents, teachers and local communities in peace education activities; and (c) involve children in national efforts to reduce the spread of HIV/AIDS. The programme aims to achieve a gross school enrolment rate of 70 per cent by the 2000/2001 school year. Main activities will focus on: (a) the repair and equipping of 200 classrooms; (b) the purchase and distribution of school supplies to 25,000 students from poor families and the provision of emergency school kits for 5,000 children displaced by violence; (c) the training of 2,500 teachers and 800 headmasters in techniques in participatory teaching; (d) the review of curricula and printing of school manuals for formal and non-formal educational systems; (e) the initiation of a pilot, post-literacy project targeting mainly women; (f) the collection of education statistics by the Government; and (g) the implementation of social mobilization campaigns on universal access to education, with an emphasis on girls' education.

22. The primary objective of the peace education programme is to integrate this concept as a component of activities of both the formal and non-formal education sectors. Main activities will include the production and distribution of new educational materials and the organization of additional teacher-training workshops.

23. The restoration of the rights of orphans, and unaccompanied and street children, will be promoted by reinforcing the capacity of all partners to accelerate activities which target these children. Child tracing and reunification activities will continue.

Health and nutrition

24. Burundi's primary health care (PHC) system in general, and selected projects dedicated to vaccine-preventable diseases, nutritional disorders and maternal health in particular, will be supported to improve the quality of their service delivery. Major activities will consist of: (a) the provision of essential drugs, vaccines, cold-chain equipment, safe delivery kits and specialized nutritional feeding supplies; (b) the retraining of government health care workers in PHC; (c) reinforcement of the community-based, growth monitoring and nutritional surveillance system; (d) the training and supervision of TBAs; (e) promotion of the use of mosquito nets to combat malaria; and (f) coordination of the nutrition, essential drugs and maternal health sub-sectors.

Communication, AIDS and promotion of children's and women's rights

25. The promotion of children's and women's rights will continue to be emphasized. Government partners and local community groups will be supported in their efforts to improve their capacity to monitor and coordinate actions and to ensure conformity between national legislation and the Convention on the Rights of the Child.

26. The promotion of children's and women's rights will emphasize activities to protect the population from HIV/AIDS. The programme will support social communication, education and mobilization activities, with a focus on reaching girls. Activities will be conducted by health and community agents, individuals who are HIV sero-positive and NGO partners.

Water and environmental sanitation

27. Access to clean water and sanitation will be increased through the use of appropriate technologies and by reinforcing the capacity of the Ministry of Community Development to coordinate, evaluate and implement water and sanitation projects in rural areas. The main activities include: (a) repairing 10 existing gravity-fed water distribution systems; (b) protecting 50 natural springs to provide drinking water and the training of community members to maintain the structures; (c) constructing or repairing 18 wide-diameter wells equipped with hand-pumps; (d) retraining 40 community water technicians and/or members of community water boards; (e) repairing 50 latrines at schools and health centres; (f) reinforcing the capacity of the Ministry to conduct surveys and coordinate the sector; (g) providing access, on an emergency basis, to clean water, proper sanitation and hygiene supplies.

Monitoring and evaluation

28. The main objectives of programme monitoring and evaluation in this one-year programme will be to ensure timely and correct assessment of the needs of women and children and to evaluate the relevance, scope and impact of UNICEF activities. Indicators for the end-decade goals will be updated.

Coordination with other partners

29. UNICEF continues to work to strengthen the United Nations coordination system in Burundi and is working with other United Nations agencies to refine the Common Country Assessment. UNICEF Burundi will participate in the formulation of a United Nations Development Assistance Framework. In every sector of intervention, UNICEF works closely with the NGO community to conduct assessments, deliver services and improve infrastructure. In 1998, UNICEF signed a total of 36 separate agreements, worth a total value of $697,000, with both international and local NGOs.

Programme management

30. External oversight of the country programme of cooperation will be assured by the Burundian Ministry for External Affairs and Cooperation. Programme reviews will be conducted biannually. The country office management team will meet regularly to monitor both programme and management performance through the use of over 40 indicators.

31. To help ensure adequate funding, the country team provides regular activity briefings to donor representatives in Burundi and actively solicits funds from National Committees and other donor Governments in Europe and elsewhere.

TABLE

COUNTRY : BURUNDI
PROGRAME : 2000-2000

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	352,000			352,000	0	0	0	0	0	0	0	1	1	2	0	27,380	27,380
BASIC EDUCATION	694,000			694,000	0	0	0	0	0	0	0	1	1	2	0	27,380	27,380
WATER AND ENVIRONMENTAL SANITATION	282,000			282,000	0	0	0	0	0	0	0	1	1	2	0	28,691	28,691
COMMUNICATION, AIDS AND PROMOTION	352,000			352,000	0	0	0	0	0	0	0	2	1	3	0	45,996	45,996
MONITORING AND EVALUATION	247,000			247,000	0	0	0	0	1	0	1	0	1	2	119,310	13,112	132,422
CROSS-SECTORAL COSTS	339,000			339,000	0	0	0	0	0	0	0	0	7	7	0	43,757	43,757
TOTAL GR	2,266,000			2,266,000	0	0	0	0	1	0	1	5	12	18	119,310	186,316	305,626
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	1,415,000	1,415,000	0	0	0	1	0	0	1	2	1	4	152,565	39,749	192,314
BASIC EDUCATION		0	1,395,000	1,395,000	0	0	0	1	0	0	1	1	1	3	152,565	26,027	178,592
WATER AND ENVIRONMENTAL SANITATION		0	685,000	685,000	0	0	0	1	0	0	1	0	1	2	152,565	8,722	161,287
COMMUNICATION, AIDS AND PROMOTION		0	750,000	750,000	0	0	0	1	0	0	1	0	0	1	152,565	0	152,565
MONITORING AND EVALUATION		0	155,000	155,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	1	1	0	7	8	101,864	47,764	149,628
TOTAL SF		0	4,400,000	4,400,000	0	0	0	4	0	1	5	3	10	18	712,124	122,262	834,386
TOTAL GR & SF	2,266,000	0	4,400,000	6,666,000	0	0	0	4	1	1	6	8	22	36	831,434	308,578	1,140,012
SUPPORT BUDGET		Operating costs		288,800													
		Staffing			0	0	1	1	1	1	4	2	8	14	539,389	116,319	655,708
GRAND TOTAL (GR + SF + SB)					0	0	1	5	2	2	10	10	30	50	1,370,823	424,897	1,795,720
Number of posts and staff costs:																	
Current programme cycle											10	7	29	46			
At the end of proposed programme cycle (indicative only)											10	10	30	50	1,370,823	424,897	1,795,720

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

DP/CCF/BDI/99/1/Add.1